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Approved for use through 9/30/00. OMB 0651-0032

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## DECLARATION — Utility or Design Patent Application

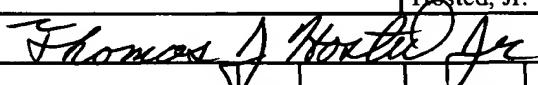
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="24265"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> Registered practitioner(s) name/registration number listed below		
Name	Registration Number	Name
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.		

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="24265"/> OR <input type="checkbox"/> Correspondence address below				
Name	Immac J. Thampoe Reg. No. 36322			
Address				
Address				
City	State	ZIP		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**  A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname		
Thomas J.		Hostet, Jr.		
Inventor's Signature				Date <input style="width: 50px; height: 15px; vertical-align: middle;" type="text" value="8-18-2001"/>
Residence: City	Summit	State <input style="width: 20px; height: 15px; vertical-align: middle;" type="text" value="NJ"/>	Country <input style="width: 20px; height: 15px; vertical-align: middle;" type="text" value="USA"/>	Citizenship <input style="width: 20px; height: 15px; vertical-align: middle;" type="text" value="USA"/>
Post Office Address	160 Summit Avenue, Apt. 302			
Post Office Address				
City	Summit	State <input style="width: 20px; height: 15px; vertical-align: middle;" type="text" value="NJ"/>	ZIP <input style="width: 20px; height: 15px; vertical-align: middle;" type="text" value="07901"/>	Country <input style="width: 20px; height: 15px; vertical-align: middle;" type="text" value="USA"/>

Additional inventors are being named on the  supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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SEP 10 2001

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
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